

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						09/830475			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1								
2		1							
3		1							
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TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	16						TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		